

Age Friendly 4M's CHECKLIST



Health System Name:	
Key Contact:	
Site of Care Name:	
Type of Primary Care:	<input type="checkbox"/> Primary Care Practice <input type="checkbox"/> Specialty Practice (e.g., geriatric service) <input type="checkbox"/> Other (e.g., long term care): <input type="checkbox"/> Primary Care Practice Patient Centered Medical Home

WHAT MATTERS	
Aim: Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end of-life care.	
4M Assessment (Determine if documented)	<input type="checkbox"/> Advance Directives <input type="checkbox"/> POLST <input type="checkbox"/> Stanford Letter <input type="checkbox"/> Living Will <input type="checkbox"/> Asking <i>What Matters</i> <input type="checkbox"/> Other:
Frequency	<input type="checkbox"/> Annually (minimum) <input type="checkbox"/> Other:
Documentation	<input type="checkbox"/> EHR <input type="checkbox"/> Other:
Manage What Matters	<input type="checkbox"/> Align the care plan with <i>What Matters</i> most <input type="checkbox"/> Other:
Person Responsible	<input type="checkbox"/> Community Health Representative (CRH) <input type="checkbox"/> Health Coach (PCMH) <input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other

MEDICATION	
Aim: If medication is necessary, use age friendly medication that does no harm and does not interfere with What Matters to the older adult, Mobility, or Mentation.	
4M Assessment (Check medications to be screened)	<input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Opioids <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Anticholinergic (e.g., amitriptyline, diphenhydramine) <input type="checkbox"/> Sedatives and sleep medications <input type="checkbox"/> Tricyclic antidepressants <input type="checkbox"/> Antipsychotics <input type="checkbox"/> Other: Beers List <input type="checkbox"/> START/STOPP
Frequency	<input type="checkbox"/> Annually (minimum) <input type="checkbox"/> At change of medication <input type="checkbox"/> Each clinic visit <input type="checkbox"/> Other:
Documentation	<input type="checkbox"/> EHR <input type="checkbox"/> Other:
Management	<input type="checkbox"/> Educate older adult and family caregivers <input type="checkbox"/> Pharmacist consultation <input type="checkbox"/> De-prescribe (both dose reduction and medication discontinuation) <input type="checkbox"/> Other: <i>(Refer to local pharmacy for One Rx Opioid Intervention)</i>
Primary Responsibility	<input type="checkbox"/> Community Health Representative (CRH) <input type="checkbox"/> Health Coach (PCMH) <input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other

MENTATION Dementia	
Aim: Prevent, identify, treat, and manage cognitive impairment.	
4M Assessment (Check dementia screening tool)	<input type="checkbox"/> Mini-Cog <input type="checkbox"/> SLUMS if mini-cog positive <input type="checkbox"/> Other: Name Animals
Functional Assessment Tools	<input type="checkbox"/> If cognitively impaired: FAST
Frequency	<input type="checkbox"/> Annually (minimum) <input type="checkbox"/> Other:
Documentation	<input type="checkbox"/> EHR <input type="checkbox"/> Other:
Management	<input type="checkbox"/> Share results with older adult <input type="checkbox"/> Caregiver training <input type="checkbox"/> Occupational therapy for cognitive training <input type="checkbox"/> Provide educational materials to older adult and family caregivers <input type="checkbox"/> Refer to community organization for education and/or support <input type="checkbox"/> Refer to: ND Alzheimer's Association for consultation <input type="checkbox"/> Other: BP control, MIND diet, exercise and cognitive games
Primary Responsibility	<input type="checkbox"/> Community Health Representative (CRH) <input type="checkbox"/> Health Coach (PCMH) <input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other

MENTATION Depression	
Aim: Prevent, identify, treat, and manage depression and loneliness.	
4M Assessment (Check dementia screening tool)	<input type="checkbox"/> PHQ-2 <input type="checkbox"/> Other: Screen for loneliness
Frequency	<input type="checkbox"/> Annually (minimum) <input type="checkbox"/> Other:
Documentation	<input type="checkbox"/> EHR <input type="checkbox"/> Other:
Management	<input type="checkbox"/> Educate older adult and family caregivers <input type="checkbox"/> Prescribe anti-depressant <input type="checkbox"/> Refer to psychiatry or psychologist <input type="checkbox"/> Other:
Primary Responsibility	<input type="checkbox"/> Community Health Representative (CRH) <input type="checkbox"/> Health Coach (PCMH) <input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other

MOBILITY

Aim: Ensure each older adult moves safely every day to maintain function and do *What Matters* most.

4M Assessment	<input type="checkbox"/> Gait Speed <input type="checkbox"/> Timed Get Up and Go <input type="checkbox"/> Sharpened Romberg <input type="checkbox"/> Other:
Functional Assessment	<input type="checkbox"/> Instrumental ADLs (IADLs) <input type="checkbox"/> Activities of Daily Living (ADLs) <input type="checkbox"/> Other:
Frequency	Mobility assessment <input type="checkbox"/> Annually (minimum) <input type="checkbox"/> Other: Functional assessment <input type="checkbox"/> Annually (minimum) <input type="checkbox"/> Other:
Documentation	<input type="checkbox"/> EHR <input type="checkbox"/> Other:
Management	<input type="checkbox"/> Multifactorial fall prevention protocol (e.g., CDC-sponsored STEADI) <input type="checkbox"/> Educate older adult and family caregivers <input type="checkbox"/> Manage mobility impairments (e.g., pain, lack of strength) <input type="checkbox"/> Home safety check <input type="checkbox"/> Set daily mobility goal—8,000 steps for high function older adult and resistance training program <input type="checkbox"/> Wean high-risk medications <input type="checkbox"/> Refer to Physical Therapy or Falls Prevention Team <input type="checkbox"/> Refer to www.NDC3.gov
Primary Responsibility	<input type="checkbox"/> Community Health Representative (CRH) <input type="checkbox"/> Health Coach (PCMH) <input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other